

Teacher At Sea Application

Are you a teacher who is interested in oceanographic research? Does the idea of living aboard an ocean-going research vessel intrigue you? Would you like to work as a crew member on a one to three week scientific cruise? The National Oceanic and Atmospheric Administration (NOAA) is looking for motivated teachers (K-16) with a desire to do scientific research at sea and share that experience with students and colleagues.

As a Teacher at Sea, you will be expected to:

- pay transportation costs to and from the docking;
- provide evidence of good health as determined by a completed medical history;
- submit a report to the NOAA Teacher at Sea Office detailing the cruise events and ideas for implementation in the classroom - including a mini-unit of lessons based on the experiences at sea; and
- submit an article for publication OR conduct a presentation for colleagues at an educators' conference.

The research projects undertaken by each NOAA vessel, the departure/arrival dates and ports for each research cruise, and the most current NOAA ship schedules are available on the Internet at: <http://www.tas.noaa.gov>. Please note, however, that these schedules are always subject to change. Teachers will be assigned to a vessel on a space available basis. They will work with the scientific team under the direction of the Chief Scientist, and the ship's Captain. Independent scientific projects may be coordinated with the Chief Scientist. NOAA is not responsible for any transportation costs. University independent study credits are available. The tuition will be your responsibility.

To apply for NOAA's Teacher at Sea Program, your completed application packet must be postmarked at least 3 months prior to the sailing date. The application packet consists of 4 parts: Participant's Application (Form A), Administrator's Recommendation (Form B), Colleague's Recommendation (Form C), and the NOAA Health Services Questionnaire. Incomplete or late applications will not be considered.

Mail the completed application packet to:

NOAA Teacher at Sea Program
Pacific Marine Center
1801 Fairview Ave. E.
Seattle, WA 98102-3767

If you have any questions, please contact Judy Sohl, at (206) 553-2633, or via e-mail, at Judith.Sohl@noaa.gov.

TEACHER AT SEA
Form A: Participant's Application

OMB Control #0648-0283

Expires 2/28/2001

Name: _____ Date of Application: _____

Home Address: _____

Home Phone: (____) _____

Name of School: _____

School Address: _____

Work Phone: (____) _____ Citizenship: _____

Sex: ☐ female ☐ male Have you applied previously? ☐ No ☐ Yes

Date of Birth: _____ E-Mail: _____

What subjects and grades do you currently teach? _____

What subjects and grades are you likely to teach next year? _____

What leadership roles have you held in education? _____

On a piece of paper attached to this application, please address the following:

1. NOAA's primary interest in this program is the way in which teachers will incorporate the experience into their classroom activities and help others do the same. How will you use this experience to benefit your students and colleagues? (Note: This is the most important selection criteria.)
2. Describe your experience and ability writing your own classroom activities.
3. Why did you select the cruises you did?
4. Discuss your ability to adapt to the physical and personal demands of life on-board a ship.

(OVER)

SELECTING A CRUISE:

Form A: Participant's Application (continued)

The research projects undertaken by each NOAA vessel, the departure/arrival dates and ports for each research cruise, and the most current NOAA ship schedules are available on the Internet at: <http://www.tas.noaa.gov>. Please note, however, that these schedules are always subject to change.

When selecting a cruise, **please consider:** **a) your available dates** - make sure you will be available for the entire cruise; **b) the nature of the research being conducted** - try to match your interests with the research project scheduled. If you are primarily interested in biological work, choose a fisheries research cruise. If you are more interested in remote sensing or navigation, a charting and hydrography cruise may be the best choice; and, **c) the location of the arrival and departure ports** - you are responsible for your own transportation to and from these ports.

You must select specific cruises, not general time frames or areas of interest.

Please list below **ALL** the dates that you would be available to participate on a cruise:

Please list below the specific cruises for which you would like to apply:

	SHIP	MISSION	DATES
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Applications and support materials must be postmarked at least 3 months prior to the sailing date.

Send completed applications to: NOAA Teacher at Sea Program, Pacific Marine Center, 1801 Fairview Ave. E., Seattle, WA 98102. Include Form A with the attached sheet, and Forms B and C in their sealed envelopes. Please note that you cannot be selected for the program until your medical history form has been approved by the NOAA Medical Officer.

Placements will be made two months prior to the sailing date.

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the application will be used to select the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA Teacher at Sea Program, 1801 Fairview Ave. E., Seattle, WA, 98102.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

TEACHER AT SEA

Form B: Administrator's Recommendation

OMB Control #0648-0283

Expires 2/28/2001

_____ is applying to participate in NOAA's Teacher at Sea Program. The selected teachers will take part in a research project aboard a NOAA research vessel. If it is not attached, you may want to request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes), with particular attention to their creativity in translating personal experiences into classroom experiences. Feel free to continue on the back of this sheet.

Signature: _____ Date Signed: _____

Name (print): _____ Title: _____

School or institution: _____

Address: _____

Phone: (____) _____

Please return this form to the applicant in a sealed envelope. They must include it with their application. Thank you.

PAPERWORK REDUCTION ACT INFORMATION

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TEACHER AT SEA

Form C: Colleague's Recommendation

OMB Control #0648-0283

Expires 2/28/2001

_____ is applying to participate in NOAA's Teacher at Sea Program. The selected teachers will take part in a research project aboard a NOAA research vessel. If it is not attached, please request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes) with particular attention to their creativity in translating personal experiences into classroom experiences. Feel free to continue on the back of this sheet.

Signature: _____ Date Signed: _____

Name (print): _____ Title: _____

School or institution: _____

Address: _____

Phone: (____) _____

Please return this form to the applicant in a sealed envelope. They must include it with their application. Thank you.

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the recommendation will be used in the selection of the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA Teacher at Sea Program, 1801 Fairview Ave. E., Seattle, WA, 98102.

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Instructions For NOAA Health Services Questionnaire

Please complete the enclosed NOAA Health Services Questionnaire. We need to obtain specific medical information to determine your fitness for sea duty, in light of the fact that while at sea you will be far from medical facilities. This information can reduce the possibility of lost mission time due to an at sea medical emergency, and will provide ready access to essential medical history data in the event of a medical emergency where the individual involved may not be able to speak for him or herself. You may complete the questionnaire yourself - you do not need a physical exam or a physician to fill out the questionnaire. Please follow these instructions very carefully. Failure to do so will delay consideration of your application.

1. Complete the entire form through the Signature and Date line on page two. Do not write anything below the signature line. Use the Continuation Page if you need to explain any of your answers.
2. If you take any prescription medicine on a daily basis, or have any chronic illness, please include a note from your physician outlining the condition, the name of the medication, the reason for use, and the stability of your condition. Please have your physician specifically address the potential impact of your inability to take your medicine for the length of your cruise due to seasickness or injury, AND the potential for an adverse event related to your condition.
3. Questions concerning completion of the form should be directed to the Atlantic Marine Center Health Services staff at (757) 441-6320 or the Pacific Marine Center Health Services staff at (206) 553-8704. The information provided will be reviewed by the NOAA Health Services staff to determine fitness for sea duty. NOAA Health Services staff will contact you if any additional information is required.

NOAA Health Services Questionnaire

V1.0 7/95

Name: _____

Program: _____

Position: _____

Birth Date: _____

Work Address: _____

Phone: _____

Ext: _____

Sex: M ☐ F ☐

W _____

H _____

HEALTH INFORMATION

General State of Health: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Presently under the care of a physician? No ☐ Yes ☐

Month/Year of last Physical Exam: _____

List current medications (prescription and non-prescription)

None ☐

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

List Allergies:

	Allergy	Reaction
None <input type="checkbox"/>	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

List ALL active health problems:

None ☐

1. _____
2. _____
3. _____
4. _____

Major Surgeries / Hospitalizations / Emergency Room Visits:

	Year	Reason
None <input type="checkbox"/>	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

List Any Dietary Restrictions:

	Restriction	Reason
None <input type="checkbox"/>	1. _____	_____
	2. _____	_____

NOAA Health Services Questionnaire

V1.0 7/95

GENERAL SCREENING

As an adult, have you had or experienced?

	No	Yes		No	Yes
Cancer:	<input type="checkbox"/>	<input type="checkbox"/>	Severe Depression:	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis:	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis:	<input type="checkbox"/>	<input type="checkbox"/>
Asthma:	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy:	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis:	<input type="checkbox"/>	<input type="checkbox"/>	Impaired Mobility:	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Cough:	<input type="checkbox"/>	<input type="checkbox"/>	Severe Hearing Loss:	<input type="checkbox"/>	<input type="checkbox"/>
Coughed Up Blood:	<input type="checkbox"/>	<input type="checkbox"/>	Severe Visual Impairment:	<input type="checkbox"/>	<input type="checkbox"/>
Recent unexplained gain or loss of 20 lbs or more:	<input type="checkbox"/>	<input type="checkbox"/>	Periods of Unconsciousness:	<input type="checkbox"/>	<input type="checkbox"/>
			Severe Motion Sickness:	<input type="checkbox"/>	<input type="checkbox"/>

Explain any YES answers above:

CARDIAC SCREENING

As an adult, have you had or experienced?

	No	Yes		No	Yes	(and value if known)
Abnormal EKG:	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension:	<input type="checkbox"/>	<input type="checkbox"/>	Recent reading: _____
Sedentary Life Style:	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	HgA1C: _____
Family History of Heart Attack before age 45:	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol:	<input type="checkbox"/>	<input type="checkbox"/>	Recent reading: _____
Heart Attack:	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use:	<input type="checkbox"/>	<input type="checkbox"/>	Packs/day: _____
Shortness of Breath:	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged Chest Pain:	<input type="checkbox"/>	<input type="checkbox"/>	
			Fainting spells/Syncope:	<input type="checkbox"/>	<input type="checkbox"/>	

Explain any YES answers above:

Are you aware of any other medical conditions(s) that may effect your suitability for sea duty? No ☐ Yes ☐

If yes, please explain on the continuation page.

If you have any questions, please contact the appropriate Health Services Office:
 Atlantic Marine Center (804) 441-6320 Pacific Marine Center (206) 553-8704

Is a continuation page attached? No ☐ Yes ☐

The information provided is complete to the best of my knowledge.

Signature

Date

Forward to the following ships:

1. _____ 2. _____ 3. _____

MEDICALLY CLEARED FOR SEA DUTY BY HISTORY

No ☐

Yes ☐

Need More Info ☐

AMC/PMC Health Services Officer

Date

NOAA Health Services Questionnaire

CONTINUATION PAGE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.